

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant information  
 received by a department or  
 accepted by the Governor on behalf  
 of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Glenwood Resource Center	
Name of Department or Office	
711 South Vine Street	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
712-525-4811	
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Gilbert Hagen	
Name	
309 Cross Street , Blairstown, IA 52209	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/6/08	\$ 50.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Four bags of clothing, shirts, slacks, pants, etc for use by Clients.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Ruth Messinger affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger  
 Signature

11-17-08  
 Date

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Glenwood Resource Center

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

City, State, Zip Code

712-525-4811

Area Code &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

ALA-Essex

Name

Essex, IA 51638

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

11/7/08

\$ 35.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Four bags of clothing, shirts, slacks, purses, etc for use by Clients.

Criteria to use this form:

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**Statement of Affirmation:**

I, Ruth Messinger affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date